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PTO/SB/81 (06-03) Approved for use through 11/30/2005. OMB 0651-0035
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 09/543,442 **Application Number** April 5, 2000 **Filing Date POWER OF ATTORNEY** Maksim KADIU First Named Inventor and **CORRESPONDENCE ADDRESS** Title MAGNETIC SHORING DEVICE **INDICATION FORM** 3673 Art Unit **Examiner Name** Not Yet Assigned 543572000100 Attorney Docket No. I hereby appoint: 25226 Practitioners at Customer Number OR Practitioner(s) named below: Registration Registration Name Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to RECEIME The above-mentioned Customer Number. OR JAN 1 4 2004 GROUP 3600 The address associated with Customer Number: OR Firm or Individual Name Address City Zip State Country Telephone I am the: x Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

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forms are submitted.

Name Signature Date

forms if more than one signature is required, see below\*.

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